ACC.14
TCT@ACC-i2 | innovation in intervention

A1529
JACC April 1, 2014
Volume 63, Issue 12

Stable Ischemic Heart Disease

β-BLOCKER THERAPY IS NOT ASSOCIATED WITH REDUCTIONS IN ANGINA OR CARDIOVASCULAR EVENTS AFTER CORONARY ARTERY BYPASS GRAFT SURGERY

Oral Contributions
Room 140 A
Sunday, March 30, 2014, 8:30 a.m.-8:45 a.m.

Session Title: Stable Ischemic Heart Disease: Year in Review and Highlighted Clinical Studies
Abstract Category: 26. Stable Ischemic Heart Disease: Therapy
Presentation Number: 915-05

Authors: *Harmen Govert Booij, Kevin Damman, Wayne J. Warnica, Richard Baillot, Jean L. Rouleau, Wiek H. van Gilst, B. Daan Westenbrink, Universtity Medical Center Groningen, Groningen, The Netherlands*

Background: β-blockers are indicated as first-line therapy for patients with coronary artery disease (CAD), but the evidence supporting this recommendation predates the modern era of coronary revascularization. We therefore aimed to evaluate whether β-blockers affect angina or coronary events in CAD patients after revascularization.

Methods: We performed a post-hoc analysis of the IMAGINE trial, which tested the effect of Quinapril in stable patients with LVEF > 40%, after scheduled CABG. The association between β-blockers, cardiovascular events (death, cardiac arrest, myocardial infarction, revascularization, angina, stroke or hospitalization for heart failure) and angina was tested with multivariate Cox regression analysis and a propensity matched analysis.

Results: Of the 2232 patients randomized in IMAGINE, 1568 (70 %) received β-blocker therapy throughout follow-up. During a median follow up of 3 years, β-blockers were not associated with a reduction in the incidence of the composite endpoint (HR 1.06; CI 0.80-1.40) documented angina (HR 1.03; CI 0.77-1.39), or any other individual component of the composite endpoint. There were no relevant interactions among demographics, clinical history or surgical characteristic, including incomplete revascularizations. Propensity matching revealed similar results.

Conclusions: These findings suggest that the efficacy of β-blockers is modest after coronary revascularization and argues against their indiscriminant use in these patients.

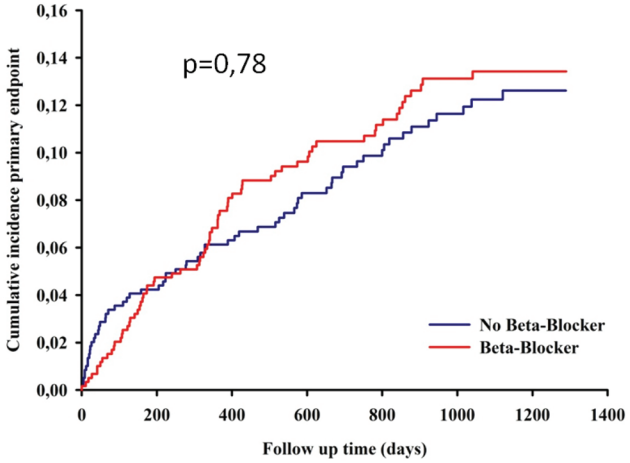

Figure 1: Kaplan Meier analysis on composite endpoint of cardiovascular events in propensity matched population